



UTAH HOUSE OF REPRESENTATIVES

2013 CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. **Name:** Douglas Sagers

2. **Employment**

Primary employer Mountain West Medical Center	Brief description of employment Physician Recruitment, Clinic Operations, Marketing, Physician Relations, Volunteer Programs	Occupation or job title Director of Business Development, Physician Relations
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3. **Entities which you own or of which you are an officer**

[see 2010 Gen. Session, HB 270, pg 13 - (iv)]

Name of entity N/A	Type of activity conducted by the entity N/A	Your position / interest in the entity N/A
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4. **Each entity that has paid \$5,000 in income to you within the one-year period prior to the date of this form. [see 2010 Gen. Session, HB 270, pg 13. - (v)]**

Name of entity Mountain West Medical Center	Type of activity conducted by the entity Hospital
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5. **Each entity in which you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of this form (does not include funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds). [see 2010 Gen. Session, HB 270, pg 13 - (vi)]**

Name of entity N/A	Type of activity conducted by the entity N/A
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6. **Organization or entity, other than listed above, for which you serve on the board of directors or in any other formal advisory capacity. [see 2010 Gen. Session, HB 270, pg 13 - (vii)]**

Name of entity N/A	Type of activity conducted by the entity N/A	Your position / interest in the entity N/A
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7. Real property in which you hold an ownership or other financial interest that you believe may constitute a conflict of interest. *(optional)* [see 2010 Gen. Session, HB 270, pg 13 - (viii)]

Description of real property N/A	Description of interest held N/A
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8. Name of spouse and any other adult residing in your household that is not related by blood or marriage. [see 2010 Gen. Session, HB 270, pg 13 - (ix)]

Kari Sagers

9. Information for your spouse and any other adult residing in your household that is not related to you by blood or marriage, as applicable. [see 2010 Gen. Session, HB 270, pg 14 - (x)]

Name Kari Sagers	Brief description of employment Tooele County Director Emergency Management	Occupation Emergency Manager
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10. Any other matter or interest you believe may constitute a conflict of interest. *(optional)*

N/A

I certify that I believe the information provided in this form is true and accurate to the best of my knowledge.

s/Douglas Sagers
(Signature)

12-18-12
(Date)

Received by the Chief Clerk of the House:

s/Sandy D. Tenney
(Signature)

1-2-13
(Date)